

THE LANCET Psychiatry

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

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1. List of topics covered by legislation profiles

Legislation profiles covered:

- The essential criteria for involuntary hospitalisation, including:
 - The psychiatric condition the patient must have
 - Risk to self and others
 - Capacity
 - Treatability
 - Insight
- Who and how many people are required for an involuntary admission order.
- Any obligation to have a legal representative, independent advocate, or judge be present at the assessment or be consulted to authorise the admission, either prior to or immediately following it.
- The legal requirement to consult the next of kin/nearest relative, and whether they have any power to block involuntary admission.
- Details of distinct involuntary admission orders, such as for assessment or treatment, including requirements of each order and the maximum length of detention.
- The arrangements for patients' right of appeal, such as through an independent tribunal.
- The patients' legal rights, such as right to an independent advocate or legal representation; statutory right to aftercare.
- What provisions there are to help protect the human rights of patients, based on UN Universal Declaration of Human Rights.

2. Further details of demographic, economic, and health care indicator data sources

For both the number of beds and staff measures, WHO global data were only available for 2011 and 2014. Meanwhile, for both income inequality and relative poverty rate measures, OECD data used a definition of household income given by the United Nations (ref). In 2012, a new definition was introduced. Where available, data were obtained for 2008 to 2011 using the pre-2012 definition, and 2012 onwards with the new definition. However, data for Austria and Spain were only available based on the new definition throughout. Data for UK and the Netherlands used the new definition since 2011.

3. Figure 1 - rates of involuntary hospitalisation per 100,000 population

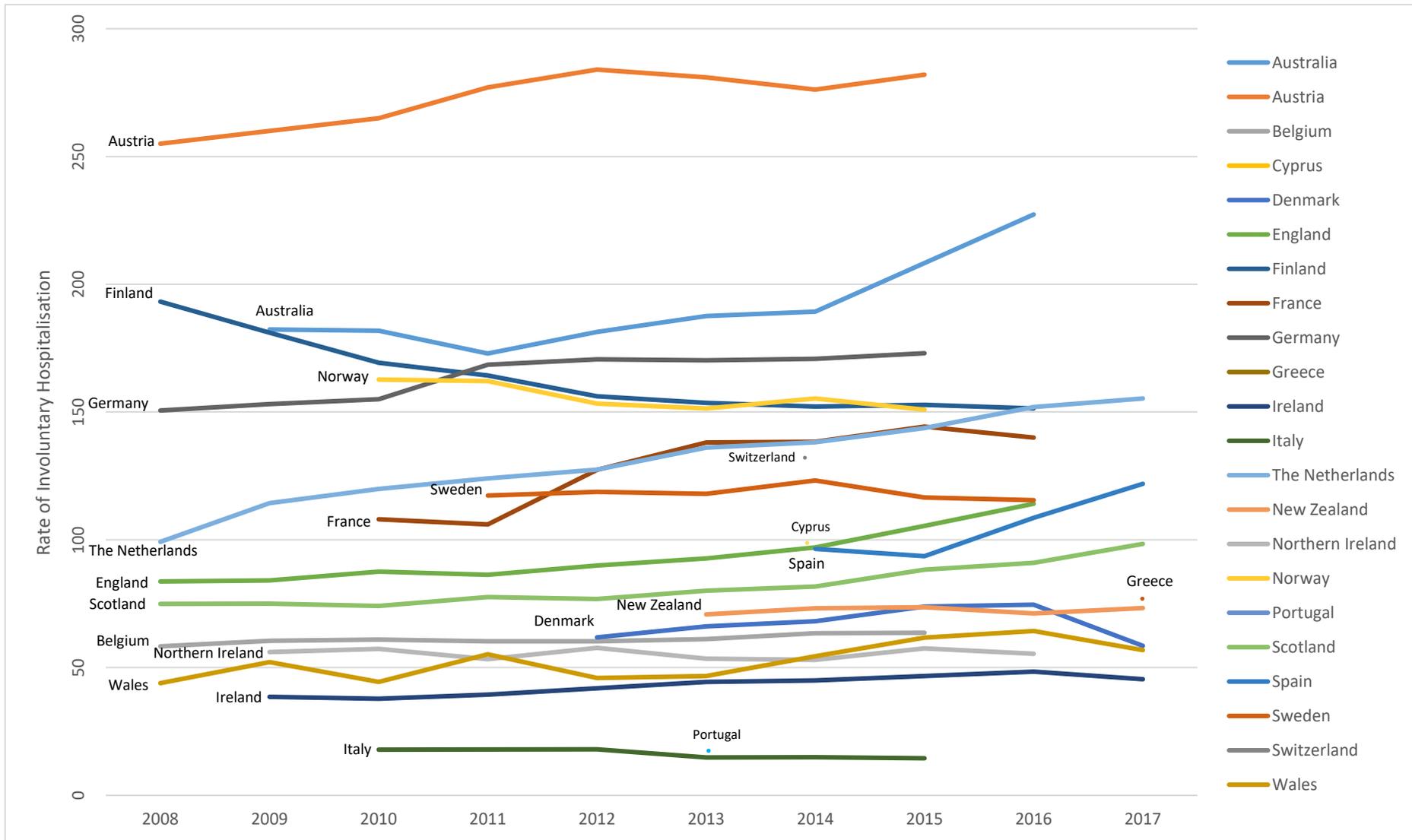


Figure 1 – rates of involuntary hospitalisation per 100,000 population

4. Basic legislation characteristics

COUNTRY	Current legislation	Maximum Length of long term order	Place where patients can be hospitalised involuntarily
Australia*	Varies according to state / federal territory	72 hours (1); 7 days (1); 14 days (1); 21 days (1); 6 months (2); 12 months (2)	Mental health facility (3); approved treatment centre/facility (2); approved facility (1); psychiatric hospitals (2)
Austria	Federal law - Bundesgesetz vom 1. März 1990 über die Unterbringung psychisch Kranker in Krankenanstalten (Unterbringungsgesetz – UbG) amended in 2017	1 year	Hospitals and psychiatric wards (open and closed depending on the state)
Belgium	Constitution (Chapter II, Art. 74) and the Protection of Persons with Mental Disorders 26.6.1990 (as amended on 22.3.2017)	2 years	Psychiatric ward
Cyprus	Law for Psychiatric Care 1997 (as amended in 2007). There is additional legislation of 2005 that deals with safeguarding and protecting patients' rights.	1 year	Registered psychiatric centre
Denmark	Legislation that governs involuntary hospitalisation the Executive Order of the Act on the Use of Coercion in Psychiatry No. 1160 of 29 September 2015 (LBK No. 1160 of 29/09/2015)	-Undefined	Psychiatric hospitals or psychiatric wards
England & Wales	Mental Health Act 1983 as amended in 2007	1 year	Psychiatric hospitals or psychiatric wards
Finland	Mental Health Act 1990/1116	6 months	Psychiatric hospital
France	Law No. 2011-803 issued on 5 July 2011 (the 2011 Law). Further changes were introduced by the Law No. 2013-869, issued on 27 September 2013 (the 2013 Law). This law has amended the Public Health Code (PHC) which consolidated changes introduced by the above laws.	No maximum length of detention defined. Detention is subject to renewals every 6 months	Psychiatric Hospital. Home for emergency care
Germany	German Federal Civil Code (BGB) s. 1906 applies on national level. 16 federal states have own legislation.	2 years (federal law)	Psychiatric hospitals/wards; recognised institutions; forensic medical facility; specialist hospitals, patients' home
Greece	The relevant law is the Law 2071/1992 as amended	6 months which can be extended but maximum is undefined	Mental health unit
Italy	The Law of 23 December 1978 (No. 833), Articles 33-35	7 days which can be extended, but the legislation does not specify maximum length of detention	Psychiatric ward
New Zealand	Mental Health (Compulsory Assessment and Treatment) Act 1992	Indefinite	Hospitals, police stations, community care
Northern Ireland	The Mental Health (Northern Ireland) Order 1986 ('the Order'). The MCA (NI) 2016 has been passed by the Northern Ireland Assembly, but is currently in a pre-implementation phase	6 months	Hospital, institution or special accommodation vested in the Department or in an authorised Health and Social Care Trust
Norway	Mental Health Protection Act 1999 as amended on 1 September 2017	1 year	Specialist health service

Portugal	Mental Health Law No. 36/98 of 24 July as amended in 1999	2 months	Institution (hospital or equivalent)
Republic of Ireland	Mental Health Act 2001 came into force on 1 November 2006 as amended on 15 February 2016	12 months	Approved centre
Scotland	The Mental Health (Care and Treatment) (Scotland) Act 2003, which came into effect on 5 October 2005	12 months	Places of safety
Spain	The Civil Procedure Law 1/2000 of 7 January amended the Civil Code by repealing old article and replacing it with Article 763 titled 'Involuntary admission by reason of mental disorder'	(6 monthly reviews, otherwise not defined)	Hospital
Sweden	The Compulsory Psychiatric Care Act (LPT) (1991:1128)	6 months	Health care institution operated by a county council
Switzerland	Federal Constitution of the Swiss Confederation (Swiss Civil Code) - Articles 426 to 439. The amended Articles came into force on 1 January 2013 following introduction of the Child and Adult Protection Act (KESR - "Kindes- und Erwachsenenschutzrecht")	42 days	Suitable facility/institution
The Netherlands	The Psychiatric Hospitals (Committals) Act (BOPZ)	1 year which can be extended for up to 5 years and then another 2 years	Psychiatric hospitals or facilities for patients with an intellectual disability or dementia

Table 1 – Involuntary Hospitalisation legislation. * - numbers in brackets represent number of states/fed. territories (reviewed 6 states and 2 territories)

5. Further details of involuntary hospitalisation data limitations:

- Data for Cyprus were obtained from the World Health Organisation (WHO) Mental Health Atlas 2014 and were calculated using the percentage of all psychiatric admissions that were involuntary and the rate per 100,000 population of admissions to psychiatric beds in both general and psychiatric hospitals.
- Data for Scotland include community-based treatment orders as inpatient only data is not available, and in Germany a judge can decide that a patient should receive compulsory treatment at home, although this is a small minority of cases.
- Some countries report how many involuntary hospitalisation orders there were in total, while others report only new admission episodes. Data for the Netherlands' figures include all assessment and treatment orders, and so some patients will be counted twice in a single admission, while data for Scotland reports new episodes only.
- Involuntary hospitalisation figures for England dropped significantly between 2015-2016 (114.08 per 100,000) and 2016-2017 (82.21). This is due to the switch from the KP90 to the MHSDS data collection, where the latter does not include data for all healthcare providers and so figures are known to be underreported.